		Substitute for Form PTO-875 Effective December 8, 2004									Application or Docket Humber				
٠,		APPLICATION AS FILED - PART I										DONARY			
	17	OR	(Column 1)		(Column	2)	SMALL ENTITY			OR	OTHER THAN SMALL ENTITY				
	BASIC FEE [37 CFR : 16(4), (6), 00 (c)]			NUMBER FILED		TRA	RATE (I)			7			ENTITY		
	SEARCHFI	e t	N/A		N/A		N/A		FEE (1)	-{	RATE (3) NIA		FEE (S)		
	EXAMINATION FEE		. N/A		N/A		NA	NUA \$250		-{			300.00		
	TOTAL CLAI	TOTAL CLAMES		VA	'N/A		N/A			1	NIA		\$500		
	MOEPENDENT CLAUSE		minus 20 e				X\$ 25		\$100		X\$50 . X200 .		\$200		
	DI GER I TE(N)		, minus 3 a					-		OR					
	APPLICATION SIZE		If the specification and		rawings exceed	100	X100	-		Ī				·	
	ree	CI CO		18 \$250 (\$125 for a = 1)				- 1		. 1					
			35 U.S.C. 41(a)(1)(G) and		ction thereof	See		-	- 1	ľ	• 1				
ı	MULTIPLE DE	PENDENT CL	AIM PRESEN	T (37 CFR') 160	0 CFR 1.16(s	1 I	.100			- 1					
-	" If the difference	in column 1	is loss than t		ın .	[+180=		_	Γ	+360=	1		\dashv	
	A	PPLICATION	201.00	less than zero, enter "O" in column 2.			TOTAL	L		-	TOTAL	+		4	
ŀ	APPLICATION AS AMENDED - PART II										·		*****	4	
AMERICANO	(Column 1) (Column 2) (Column 3)						04						•		
	<u> </u>			ENTIT.	Y .	OR 	OTHE SMALL	R THU - ENTI	IN TY						
	U Total	AMEND	MENT PAID FOR EXTRA			" [] '	RATE (\$)	ADI		1 6	WTE (\$)	1	100r	1	
	Independent		Minus 2			1/4	X\$ 25 FEE (\$)				TIONAL FEE (3)				
	OI CER 1.16hij	_ [Minus 4			プト ー	100		21 0	R XS	50	1			
								_	, Of	, X2	00 _) -	
Y	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160)						80≈		\mathcal{H}	-			-		
_	THE ENDONE TOPPE							TOTAL				+360=			
	Ţ	. (Cotumn	1)	(Column	2)	-E_ADO	LFEE		OR	ADO:	L FEE			•	
AMENDMENT B		CLAIMS REMAINS	IG .	HIGHEST	1	7	· .					·			
		. AFTER AMENDME	1 .	NUMBER PREVIOUSLY	PRESENT EXTRA	RAT	E (\$)	ADDI-		RAT	TE (\$)		-		
	Total profe 1.16(iii		Minus	PAID FOR		-		TIONAL FEE (5)		""	- (4)	TION	NAI .		
	tadependent GFCFR 1.16(hij)."		Minus		I		25 .		OR	X\$50	, ,	FEE	(D)		
	Application Size Fee (37 CFR 1.16(s))						0. 5		OR .	X200			\dashv		
۰	PRESENTATION OF MULTIPLE DEPENDENT CLAIM (B7 CFR 1.16(II))] ``				\dashv		
			3		,w/	+18	0=		OR .	+360	2		\dashv		
•	If the entry in col	umn 1 is less 1	TOTAL ADD'L F	ŧĖ		OR .	TOTAL	-		\dashv					
<u>م</u> ا	the Highest Nu	mber Previous	sty Pald For II	n column 2, with Y THIS SPACE	le "O" in column 3. Is less than 20, en Is less than 3, ente	lar ma	<u> </u>	•]	ADOLF	EE		_1		
000	ne Highest Num ection of Information	ber Previoush	Paid For To	THIS SPACE I	is less than 20, on is less than 3, onte ent) is the highest mation is required	137.	• 1	•	•		•	·	7.		
IO (o brocess) au ab	Plication. Con	o by 37 CFR	1.16. The infor	metion is required	to obtain	nd in the ap	propriate	box in col	Umn 1.			- 1		

is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the information is required to obtain or retain a benefit by the public which is to file (and by the information is required to obtain or retain a benefit by the public which is to file (and by the information is estimated to take 12 minutes to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments of time you require to complete this form and/or suggestions or reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS RESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.